ORIGINAL RESEARCH ARTICLE
pISSN 0976 3325 | eISSN 2229 6816
Open Access Article
www.njcmindia.org
DOI: 10.5455/njcm.20210803020651

Sexual Health Status and Quality of Life among Transgender Population in Chennai

Krishna Prashanth B[1], Mahalakshmi K[2], Umadevi R[3], Kalpana S[4], Anantha Eashwar VM[5]

[1]Assistant Professor, Department of Community Medicine, Sree Balaji Medical College and Hospital, Chennai
[2]Professor & Head, Department of Microbiology, Sree Balaji Dental College & Hospital, Chennai
[3]Professor & Head, Department of Community Medicine, Sree Balaji Medical College and Hospital, Chennai
[4]Research Officer, Department of Epidemiology, the Tamilnadu Dr MGR Medical University, Chennai
[5]Assistant Professor, Department of Community Medicine, Sree Balaji Medical and Hospital, Chrompet, Chennai

ABSTRACT

Background: The sexual rights and quality of life (QoL) of all individuals must be valued, secured and fulfilled in order for sexual wellbeing to be achieved and preserved. Hence this research was undertaken to measure QoL in a population of self-identified transgender people and to study factors associated with sexual satisfaction in the same population.

Methods: This is a cross sectional study conducted among 543 transgender people in Chennai conveniently selected by snowball sampling. Data was collected by a pre-tested structured questionnaire and = QoL by visual analogue scale (VAS), sexual satisfaction by one item from the Life Satisfaction checklist 9. Data was analyzed by using SPSS version 24.

Results: In total, 543 respondents were included in the study. The age range was 18– 52 with a mean age of 38.5 years. Around 60% had sexual satisfaction and 24% suffered from sexual violence. Around 59% had a good quality of life and it was found to be statistically associated with stigma, sexual violence and sexual satisfaction.

Conclusion: Interventions must be taken to reduce the stigma among trans genders with health education, awareness creation and reduction of stigma.

Key words: Quality of life, transgender, sexual satisfaction

INTRODUCTION

A strong emphasis is put on the overarching goal of public health policy in India on equitable health across the community which requires a pledge to reduce gaps in health that are avoidable. Transgender persons are a demographic impacted negatively by adverse health effects.[1] Health disparities among trans persons are multi factorial and are also heavily linked to social and systemic determinants, besides being defined by common health determinants affecting the general population.[2] In developing countries like India, which is bound by strong social and cultural barriers, transgender find themselves in a even more difficult situation becoming unable to express their concerns and problems.[3]

Sexual health is "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not just the absence of illness, dysfunction or infirmity." A positive and compassionate approach to sexuality and sexual relationships, as well as the desire to have pleasurable and healthy sexual encounters, free of harassment, discrimination, and abuse, is needed for sexual wellbeing. Many Research evidence from different countries indicate that generally Quality of

How to cite this article: Prashanth BK, Mahalakshmi K, Umadevi R, Kalpana S, Anantha Eashwar VM. Sexual Health Status and Quality Of Life among Transgender Population in Chennai. Natl J Community Med 2021;12(10):306-310. DOI: 10.5455/njcm.20210803020651

Financial Support: None declared **Conflict of Interest:** None declared
Copy Right: The Journal retains the copyrights of this article. However, reproduction is permissible with due acknowledgement of the source.
Date of Submission: 11-08-2021; **Date of Acceptance**: 26-10-2021; **Date of Publication**: 31-10-2021

Correspondence: Dr. V. M. Anantha Eashwar (Email: eashwaranand@yahoo.in)

Life (QoL) and sexual health of transgender people and people living with HIV (PLWHIV) is multi factorial and is mainly associated with social and structural factors. In order to achieve and preserve sexual wellbeing, the sexual rights of all individuals must be recognized, secured and fulfilled.[4]

Consequently, sexual pleasure is an essential element of sexual wellbeing. It is further related to general well-being and QoL. Absence of sexual pleasure and associated unmet needs can lead to various psychosocial problems like depression, anxiety and stress in the affected individuals as evidenced in various studies.[5,6]

The sexual aspect of health that is addressed in this study is a response to a growing need for a rights-based approach to sexual health that understands that these rights are less likely to be enjoyed by different populations. Hence, this study aim was to explore quality of life (QoL) and sexual health as well as the associated factors among transgender people.

AIMS AND OBJECTIVES

The study objective is to assess the Sexual health and Quality of Life (QoL) in a population of self-identified transgender people and to observe the related factors associated with sexual satisfaction in the same population.

MATERIALS AND METHODS

Study Area and Design: This is a cross sectional study conducted among transgender people in city of Chennai.

Sampling Method and sample size: Convenience sampling method was used to enroll participants since the transgender population is of an unknown size. Since there was no pre- determined sample size, it was decided to set a month for the last day of data collection which was the end of December 2019. Transgenders were approached in their community and participants were enrolled by snowball sampling method. A total of 543 transgenders gave their consent and participated in the study.

Data Collection Tool: Data was collected with the help of a pre-tested semi structured questionnaire which was extensively piloted among 10 transgender people and face validity obtained by discussion with experts in the field.

One of the common tools to assess the Quality of Life among transgenders is World Health Organization Quality of Life (WHO-QOL) scale.[7] But since the investigators were able to interview the transgenders only for a short time due to logistic reasons, QoL was assessed by a single item, asking participants to rate their QoL on a visual analogue scale (VAS) ranging from 0 (very poor QoL) to 10 (very good QoL). The validity was assessed by comparing the responses on WHO-QOL scale with QOL on VAS among 10 participants. The mean score obtained among each participant was comparable with score obtained on WHO-QOL scale. Therefore, VAS scale was used to calculate Quality of Life in this study. For purpose of analysis the was categorized based on the scores into Very good (7-10), Good (4-6), Poor (2-3) and Very poor (0-1).

Sexual satisfaction was assessed by using one of the items from the Life Satisfaction checklist -9 (LiSAT 9) questionnaire.[8] Participants were asked to rate their level of satisfaction with their sex life with the help of a six-point scale, with responses ranging from' ''very dissatisfied'', "dissatisfied", "rather dissatisfied", "rather satisfied", "satisfied", ''very satisfied'' on a score of 1 to 6.

For purpose of analysis the was categorized based on the scores into Very good (7-10), Good (4-6), Poor (2-3) and Very poor (0-1). For purpose of analysis, the scores were categorized into Good (5-6), Average (3-4), Poor (1-2) and Not at all (0). The scores thus categorized were checked for internal and external consistency before using them for data collection.

Stigma was assessed using Transgender Stigma Questionnaire which was developed and validated based on the Berger HIV Stigma Scale.[9] It is a 40-item questionnaire scored on a 4-point Likert scale with score ranging from 26 to 130. The perceived stigma level was graded as mild (score<75), moderate (score 76 to 90) and severe (score > 91). All the questionnaires were translated to Tamil and back translated to English to validate them and external validity was obtained with guidance of opinions of experts in this field.

Informed Consent and Ethical Approval: Participants participated on their own free will and extensive measures were taken to maintain the confidentiality as this was a sensitive study on their sociocultural aspects. Informed consent was obtained after informing the purpose and the importance of the study to them. Participants could complete the questionnaire in a confidential setting with the help of researcher. The study was approved by the institutional ethical committee. Data collection procedures were entirely anonymous and there is no risk for identification of individuals.

Data Analysis: Analysis was done by using SPSS version -24 and QoL, sexual satisfaction and other related variables were analyzed descriptively and analytical statistics

RESULTS

In total, 543 respondents were included in the analysis. Table 1 describes the sociodemographic details of the participants. The age group of the study participants was 18– 52 years with a mean age of 38.5 years. More than half 285 (52%) had higher secondary school level education, while 125(23%) were illiterate and over 283 (52%) had no income. The majority worked (75%), 41% were heterosexual and 47% had a partner. (Table 1)

Table-1: Sociodemographic details of the participants

Variables	Frequency (%)
Age group	
<30	32 (6)
31-40	196(36)
41-50	181(33)
>50	134(24.6)
Employment	
Employed	410 (75.5)
Unemployed	133 (24.5)
Education	
Higher secondary school	285 (52)
High school	133(24.5)
Illiterate	125(23)
Sexual orientation	
Hetero sexual	245(41)
Non-hetero sexual	158(34)
Not willing to answer	140(25)
Current Partner status	
Yes	283(53)
No	260(47)
Transgender experience	
Trans feminine	285 (52)
Trans masculine	258(48)

Table-2: Quality of life among transgender

Variables	Frequency (%)
Quality of life	
Very good (score 7-10)	103(19)
Good (Score(4-6)	219(40)
poor (2-3)	154(28)
Very poor (0-1)	67(13)
Stigma	
Mild	230 (42)
Moderate	189(35)
Severe	124(33)

Table-3: Sexual satisfaction among transgender and related variables

Questions	Frequency (%)
Number of sexual partners	
Single partner	254(47)
Multiple partner	289(53)
Sexual satisfaction	
Good	325(60)
Average	124(23)
Poor	54(10)
Not at all	40(7)
Use age of condom	
Not necessary for transgender	185(34)
Yes	140(26)
No	218(40)
Adverse mood symptoms due to sexual dissatisfaction	
Yes	251 (46)
No	292(54)
Willingness to address sexual issues with health care providers	
Yes	354(65)
No	189(45)
Reason for exchanging partner	
Financial purpose	256(47)
Hobby	287(53)
Experiencing sexual violence	
Yes	128(24)
No	415(76)

Transgender people reported a median score of 7 on a QoL scale ranging from 0 to 10 where 0 is the lowest possible QoL and 10 is the highest possible QoL. More than half 322(59%) of the respondents reported good or very good self-rated health and about154 (28%) poor or very poor (13%) self-rated health. Unexpectedly 42% had mild stigma but still 33% had severe stigma in the community. (Table-2)

violence at some point in life. Around 40% had adverse mood symptoms, due to sexual dissatisfaction. (Table 3)

Table 4 shows the association of Quality of Life among transgenders and related variables. The major determinants of Quality of life which were found to have statistical significant association (P<0.05) were stigma, having adverse mood symptoms due to sexual dissatisfaction, experiencing sexual violence and having poor sexual satisfaction. (Table 4)

Nearly one-half (60%) of respondents reported being sexually satisfied. The majority (47%) of participants had a single sexual partner, 53% had multiple current sexual partners. Nearly one-half (34%) reported not using a condom during (vaginal/anal) sexual intercourse with a sexual partner because it was not necessary for the type of sex practiced. 65% reported wanting to discuss sexual matters with healthcare providers. 57% of the participants changing their sexual partner for financial purpose. The most common reason for exchanging partner is as hobby. Over 24% of participants reported having experienced sexual

DISCUSSION

Transgender people may face substantial difficulties with their sexual interactions, such as their sexual activity (i.e. form and frequency of sexual activities) and sexual feelings. Recent evidence also shows that transgender individuals tend to report experiencing more sexual problems than the general population.[10,11]

From the present study it was found that nearly 43% of the study participants had a poor to very poor quality of life. Similar results were obtained from a study by Lakshmipathy S et al, in it was found that transgenders were living a low quality of life.[12] But in Kerala, the study done by Aneesh MS found that the transgenders have a good to moderately good quality of life.[13] These findings highlight the fact that, quality of life among transgender population differs between states due to the varying sociocultural factors and laws governing transgenders specific to different States.

More than 53% of the study population had multiple sexual partners. Similar results were found in a study done by Tamilselvan BP et al.[14] This shows that, transgenders being unaware of the health problems caused due to multiple sexual partners may fall victim to various Sexually Transmitted Diseases (STD).

Table 4: Association between Quality of Life and other related variables among the study participants

Variable	Quality of Life		Chi Square	P Value
	Poor/Very Poor (n=221) (%)	Very Good / Good (n=322) (%)		
Stigma				
Mild	106 (46)	124 (53.9)	46.82	0.000*
Moderate	97 (51.3)	92 (48.6)		
Severe	18 (14.5)	106 (85.4)		
Do you have adverse mood symptoms due to sexual dissatisfaction				
Yes	181 (72.4)	70 (27.8)	190.821	0.000*
No	40 (13.6)	252 (86.3)		
Experiencing sexual violence				
Yes	110 (85.9)	18 (14.0)	142	0.000*
No	111 (26.7)	304 (73.2)		
Sexual Satisfaction				
Poor/Not at all	71 (75.5)	23 (24.4)	57.14	0.000*
Good/Average	150 (33.4)	299 (66.5)		

*P Value < 0.05, Statistically Significant at 95% Confidence Interval

Sexual satisfaction among respondents was relatively high (60 percent). Almost more than half had good or very good sexual satisfaction. Around 46% suffered from mood problems due to sexual dissatisfaction. Similar results were fund in a study done by Nikkelen SW et al.[15] The sexual needs which if left unfulfilled can lead to various behavioral problems and there is more need for qualitative research into this domain to better understand the individual and personal needs.

Around 30-45% of transgenders were found to be facing mild to severe stigma as evidenced by the findings from this study. In a study done by Bradford J et al, it was found that 41% of the transgenders suffered from gender related discrimination and stigma.[16] This is one of the major concerns and barrier which prevents the transgender from becoming normal members of the society and these leads to deprivation of basic social support from the family and peers. Prevention of stigma among the transgender population can increase the health seeking behavior and improver their psychosocial well-being which could in turn lead to improvement in the health-related problems they face in their everyday life.[17] From this study it was found that 45% were unwilling to discuss their problems related to sexual needs with the healthcare provider due the stigma they tend to face. It is cause of concern because sexual dissatisfaction can be addressed only if they come out and discuss their problems with healthcare providers. And also, the healthcare providers be able to assess their needs and be able to address the problems. In a study done by Safer JD et al, it was found that the healthcare providers lack the adequate knowledge when dealing with transgenders sexual health and it becomes one of the main reasons that transgenders avoid visiting healthcare professionals.[18]

It was found that nearly 24% of the study participants suffered from sexual violence. In a study done by Evens E et al, around 3 quarters of the study participants suffered from sexual violence other than gender-based violence.[19] India is democratic country and through coordination between government, laws and the community discrimination against transgenders should be reduced in all parts of the country enabling the transgenders to lead a productive life.

There is a paucity of literature on studies related to sexual health and quality of life among transgender people. A positive and compassionate approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and healthy sexual encounters, free from abuse, discrimination, and violence, are needed for good sexual health

CONCLUSION

More than half of trans people had good quality of life and they faced various sexual health challenges that have a bearing on people's sexual satisfaction. We can help to improve the QOL among transgenders by minimize the stigma through counseling and psychotherapy techniques. Improving the QOL among the transgender population will help them to lead a socially productive life.

REFERENCES

1. Reisner SL, Poteat T, Keatley J, Cabral M, Mothopeng T, Dunham E, et al. Global health burden and needs of transgender populations: a review. Lancet Lond Engl. 2016; 388:412–36
2. Winter S, Diamond M, Green J, Karasic D, Reed T, Whittle S, Wylie K. Transgender people: health at the margins of society. The Lancet. 2016;388(10042):390-400.
3. Graham R, Berkowitz B, Blum R, Bockting W, Bradford J, de Vries B, Makadon H. The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: Institute of Medicine. 2011; 10: 13128.
4. World Health Organization. Defining sexual health: report of a technical consultation on sexual health, 28-31 January 2002, Geneva. World Health Organization; 2006
5. Sánchez-Fuentes M del M, Santos-Iglesias P, Sierra JC. A systematic review of sexual satisfaction. Int J Clin Health Psychol. 2014; 14:67–75.
6. Anderson RM. Positive sexuality and its impact on overall well-being. Bundesgesundheitsblatt - Gesundheitsforschung-Gesundheitsschutz. 2013; 56:208–14

7. World Health Organization. The world health organization quality of life (WHOQOL)-BREF. World Health Organization; 2004.

8. Bränholm I-B, Lundmark P, Fugl-Meyer K, Fugl-Meyer A. On work and life satisfaction. *J Rehabil Sci* 1991;4:29–34.

9. Berger, BE, Ferrans CE, Lashley FR. Measuring stigma in people with HIV: Psychometric assessment of the HIV stigma scale. *Research in Nursing and Health. 2001:24*;518-529.

10. Kerckhof ME, Kreukels BPC, Nieder TO, et al. Prevalence of Sexual Dysfunctions in Transgender Persons: Results from the ENIGI Follow-Up Study. J Sex Med 2019; 16:2018–2019.

11. Doorduin, T., & Van Berlo, W. (2014). Trans people's experience of sexuality in the Netherlands: A pilot study. *Journal of Homosexuality*, *61*, 654–672. doi: 10.1080/00918369.2014.865482 Faculty of Sexual & Reproductive Healthcare (FSRH)

12. Lakshmipathy. S, Thenmozhi. S. Quality of life: A Study of Transgenders. International Journal of Indian Psychology. 2019:7(2);571-75

13. Aneesh MS. Quality of Life among Transgenders in Kerala. IOSR-JHSS. 2017:17(22);19-24.

14. Tamilselvan BP, Mehta N, Shanmugam S, Subramanian K. A study of behavioral and disease patterns among transgenders in a tertiary care center. Indian journal of sexually transmitted diseases and AIDS. 2018;39(1):18.

15. Nikkelen SW, Kreukels BP. Sexual experiences in transgender people: the role of desire for gender-confirming interventions, psychological well-being, and body satisfaction. Journal of sex & marital therapy. 2018;44(4):370-81.

16. Bradford J, Reisner SL, Honnold JA, Xavier J. Experiences of transgender-related discrimination and implications for health: results from the Virginia Transgender Health Initiative Study. American journal of public health. 2013 Oct;103(10):1820-9.

17. Hughto JM, Reisner SL, Pachankis JE. Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. Social science & medicine. 2015 Dec 1; 147: 222-31.

18. Safer JD, Coleman E, Feldman J, Garofalo R, Hembree W, Radix A, Sevelius J. Barriers to health care for transgender individuals. Current opinion in endocrinology, diabetes, and obesity. 2016 Apr 1;23(2):168.

19. Evens E, Lanham M, Santi K, Cooke J, Ridgeway K, Morales G, et al. Experiences of gender-based violence among female sex workers, men who have sex with men, and transgender women in Latin America and the Caribbean: a qualitative study to inform HIV programming. BMC international health and human rights. 2019;19(1):1-4.

20. .Clinical effectiveness unit (CEU) statement: contraceptive choices and sexual health for transgender and non-binary people, 2017. Available: https://www.fsrh.org/documents/fsrh-ceu-statement-contraceptive-choices-and-sexual-health-for/ [Accessed 18 May 2020].